

35

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>B. Presto</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>B. Presto</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
1. Article Addressed to: Carmen Ferch c/o Sario Livestock 1462 Douglas Avenue Gardnerville, NV 89410		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service lab) 7011 1150 0002 4769 6109			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

U.S. Postal Service TM		
CERTIFIED MAIL TM RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com .		
GARDNERVILLE NV 89410		
Postage	\$	\$9.70
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$15.00
Sent To		0529
Street, Apt. No., or PO Box No.		05
City, State, ZIP+4		Postmark Here
		08/29/2012
PS Form 3800, August 2006 See Reverse for Instructions		



Track/Confirm - Intranet Item Inquiry
Item Number: 7011 1150 0002 4769 6109

This item was delivered on 08/31/2012 at 15:07

Signature:	
Address:	

Enter Request Type and Item Number:

Quick Search ☒

Extensive Search ☐

[Explanation of Quick and Extensive Searches](#)

Version 1.0

Inquire on multiple items.

Go to the Product Tracking System Home Page.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>X Elaine Blackburn</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Erma Flasko, Family Trust Elaine Blackburn & Premier Trust, Co- x 75 on, NV 89447</p>		<p>B. Received by (Printed Name) <i>Elaine Blackburn</i></p> <p>C. Date of Delivery 08/29/2012</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7011 1150 0002 4769 6116</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>PS Form 3811, February 2004</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>Domestic Return Receipt</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE YERINGTON NV 89447	
Postage	\$ 9.70
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 15.00
<p>Sent to: <i>Louis & Erma Flasko,</i> <i>Family Trust</i></p> <p>Street, Apt. No., or PO Box No.</p> <p>City, State, ZIP+4</p>	
<p>PS Form 3800, August 2006</p> <p>See Reverse for Instructions</p>	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BRIDGEPORT CA 93517

Postage	\$	\$9.70	0529 05 Postmark Here 08/29/2012
Certified Fee		\$2.95	
Return Receipt Fee (Endorsement Required)		\$2.35	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$15.00	

Sent To Betty Floyd
 Street, Apt., Rm.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

37

0819 694 4769 6130

7011 1150 0002 4769 6130

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

BRIDGEPORT CA 93517

Postage	\$	\$9.70	0529 05 Postmark Here 62 08/29/2012
Certified Fee		\$2.95	
Return Receipt Fee (Endorsement Required)		\$2.35	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$15.00	

Sent **Frank Ployo**

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Fousekis, James T. Intervivos Trust
James T. Fousekis, Trustee
2848 Garber St.
Berkeley, CA 94705

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery	11/1/81
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Is there any address different from item 1?

If YES, enter delivery address below:

3. Service Type	
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☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number
(Transfer from service label)

7011 1150 0002 4769 6147

PS Form 3811, February 2004

Domestic Return Receipt

102525-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com


BERKELEY CA 94705

Postage	\$	\$9.70
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Certified Fee	\$2.95
---------------	--------

Return Receipt Fee (Postage and Insurance)	\$2.35
-----------------------------------------------	--------

Restricted Delivery Fee
\$0.00



06/29/2012

Fousekis, James T. Interviews
 Street, Apt. No.,
 or PO Box No. Trust

PS Form 3800, August 2006

See Reverse for Instructions

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Proposed-Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

Proposed Defendants.

IN EQUITY NO. C-125-RCJ-WGC
Subproceeding: C-125-C

3:73-CV-00128-RCJ-WGC

**WAIVER OF PERSONAL SERVICE OF
NOTICE IN LIEU OF SUMMONS**

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of

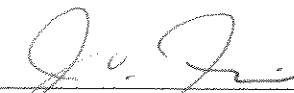
Mineral County, and the Order Relating to Completion of Service, which includes as attachments a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting Death form. I also have received a self addressed stamped envelope by which I can return this signed waiver to you without cost to me.

I, or the entity I represent, agree to save the expense of personal service of a notice in lieu of summons and the above-described documents.

I understand that I, or the entity on whose behalf I am acting, will retain all defenses or objections to this matter or to the jurisdiction or venue of the Court except for objections based on a defect, if any, in the manner in which these documents have been provided to me.

I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of Appearance and Intent to Participate within 30 days, and if the Court enters further orders with respect to answers or other responses to the Notice of Motion and Motion for Intervention, Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be deemed to have notice of those subsequent orders of the Court.

DATED this 12th day of October, 2012.


(Signature)

J. V. Fawcett
(Printed name and title, if any)

Fawcett, J. V. Fawcett & Co.
(Company or entity, if any)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: Fousekis, Susana Cox Intervivos Trust James T. Fousekis, Trustee 48 Garber St. Berkeley, CA 94705		B. Received by (Printed Name) <i>L. Fousekis</i>	C. Date of Delivery <i>9/13/12</i>
2. Article Number (Transfer from service label) <i>1150 0002 4769 6161</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No <i>2548 Dora St.</i>	
PS Form 3811, February 2004		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
Domestic Return Receipt		102595-02-M-1540	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
BERKELEY CA 94705	
Postage	\$ 19.70
Certified Fee	\$ 2.95
Return Receipt Fee (Endorsement Required)	\$ 2.35
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 15.00
0529 05 Postmark Here 08/29/2012	
Signature <i>Fousekis, Susana Cox</i> Street, Apt. No., or PO Box No. City, State, ZIP+4	
PS Form 3800, August 2006 See Reverse for Instructions	

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Proposed-Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

Proposed Defendants.

IN EQUITY NO. C-125-RCJ-WGC

Subproceeding: C-125-C

3:73-CV-00128-RCJ-WGC

**WAIVER OF PERSONAL SERVICE OF
NOTICE IN LIEU OF SUMMONS**

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

I acknowledge receipt of your request that I waive personal service of the documents involving the Motion for Intervention of Mineral County, Nevada, in the action of United States of America, Plaintiff v. Walker River Irrigation District et al., Defendants, which is Case No. C-125, Subfile No. C-125-C, docket number 3:73-cv-00128-RCJ-WGC, in the United States District Court for the District of Nevada. I also have received two copies of this waiver, a copy of the Notice of Motion and Motion for Intervention of Mineral County, the Proposed Petition to Intervene, the Amended Complaint in Intervention and Amended Points and Authorities in Support of the Amended Complaint in Intervention, and the Motion for Preliminary Injunction of

1 Mineral County, and the Order Relating to Completion of Service, which includes as attachments
 2 a Notice of Appearance and Intent to Participate form, a Disclaimer of Interest in Water Rights
 3 and Notice of Related Information and Documentation Supporting Disclaimer form, a Joint
 4 Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting
 5 Death form. I also have received a self addressed stamped envelope by which I can return this
 6 signed waiver to you without cost to me.
 7

8 I, or the entity I represent, agree to save the expense of personal service of a notice in lieu
 9 of summons and the above-described documents.

10 I understand that I, or the entity on whose behalf I am acting, will retain all defenses or
 11 objections to this matter or to the jurisdiction or venue of the Court except for objections based
 12 on a defect, if any, in the manner in which these documents have been provided to me.
 13

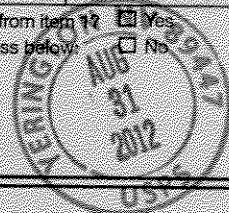
14 I understand that if I, or the entity on whose behalf I am acting, do not file a Notice of
 15 Appearance and Intent to Participate within 30 days, and if the Court enters further orders with
 16 respect to answers or other responses to the Notice of Motion and Motion for Intervention,
 17 Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for
 18 Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be
 19 deemed to have notice of those subsequent orders of the Court.
 20


21 DATED this 12th day of June, 2012.

22
 23 
 (Signature)

24 Thomas G. Furst
 (Printed name and title, if any)

25 Trustee, Silver Lake Water District
 (Company or entity, if any)
 26
 27
 28

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Don Ray Gable</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <i>DON GABLE</i> C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: <div style="text-align: center;"> Don Ray Gable P.O. Box 197 Yerington, NV 89447 </div>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7011 1150 0002 4769 6178			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

U.S. Postal Service TM		
CERTIFIED MAIL TM RECEIPT		
(Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
YERINGTON NV 89447		
Postage	\$ 9.70	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 15.00	
Sent to <i>Don Ray Gable</i>		
Street, Apt. No., or PO Box No.		
City, State, ZIP+4		
PS Form 3800, August 2006 See Reverse for Instructions		

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEVADA

UNITED STATES OF AMERICA,

Plaintiff,

WALKER RIVER PAIUTE TRIBE,

Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

Defendants.

MINERAL COUNTY,

Proposed-Plaintiff-Intervenor,

vs.

WALKER RIVER IRRIGATION DISTRICT,
a corporation, et al.,

Proposed Defendants.

IN EQUITY NO. C-125-RCJ-WGC

Subproceeding: C-125-C

3:73-CV-00128-RCJ-WGC

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NOTICE IN LIEU OF SUMMONS**

TO: Simeon Herskovits, attorney for Proposed Plaintiff-Intervenor Mineral County, Nevada:

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1 Mineral County, and the Order Relating to Completion of Service, which includes as attachments
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 4 Motion for Substitution of Parties Following Transfer of Interest form, and a Statement Noting
 5 Death form. I also have received a self addressed stamped envelope by which I can return this
 6 signed waiver to you without cost to me.
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 9 of summons and the above-described documents.

10 I understand that I, or the entity on whose behalf I am acting, will retain all defenses or
 11 objections to this matter or to the jurisdiction or venue of the Court except for objections based
 12 on a defect, if any, in the manner in which these documents have been provided to me.
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 15 Appearance and Intent to Participate within 30 days, and if the Court enters further orders with
 16 respect to answers or other responses to the Notice of Motion and Motion for Intervention,
 17 Proposed Petition to Intervene, Amended Complaint in Intervention, or the Motion for
 18 Preliminary Injunction, that I, or the entity on whose behalf I am acting, shall nevertheless be
 19 deemed to have notice of those subsequent orders of the Court.
 20

21 DATED this 3 day of September, 2012.

22
 23 
 (Signature)

24 DON GABLE
 (Printed name and title, if any)

25
 26 _____
 (Company or entity, if any)
 27
 28

7011 1150 0002 4769 6185

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com

SANTA MARIA CA 93454

Postage	\$	\$9.70
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$15.00

0529
05
Postmark Here

08/29/2012

Sent To: Arden Gerbig

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7011 1150 0002 4769 6192

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For delivery information visit our website at www.usps.com

OFFICIAL USE

SANTA MARIA CA 93454

Postage	\$	\$9.70	
Certified Fee		\$2.95	
Return Receipt Fee (Endorsement Required)		\$2.35	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$15.00	

Sent To Evilo J. Gerbig

Street, Apt. No.,
 or PO Box No.

City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions